

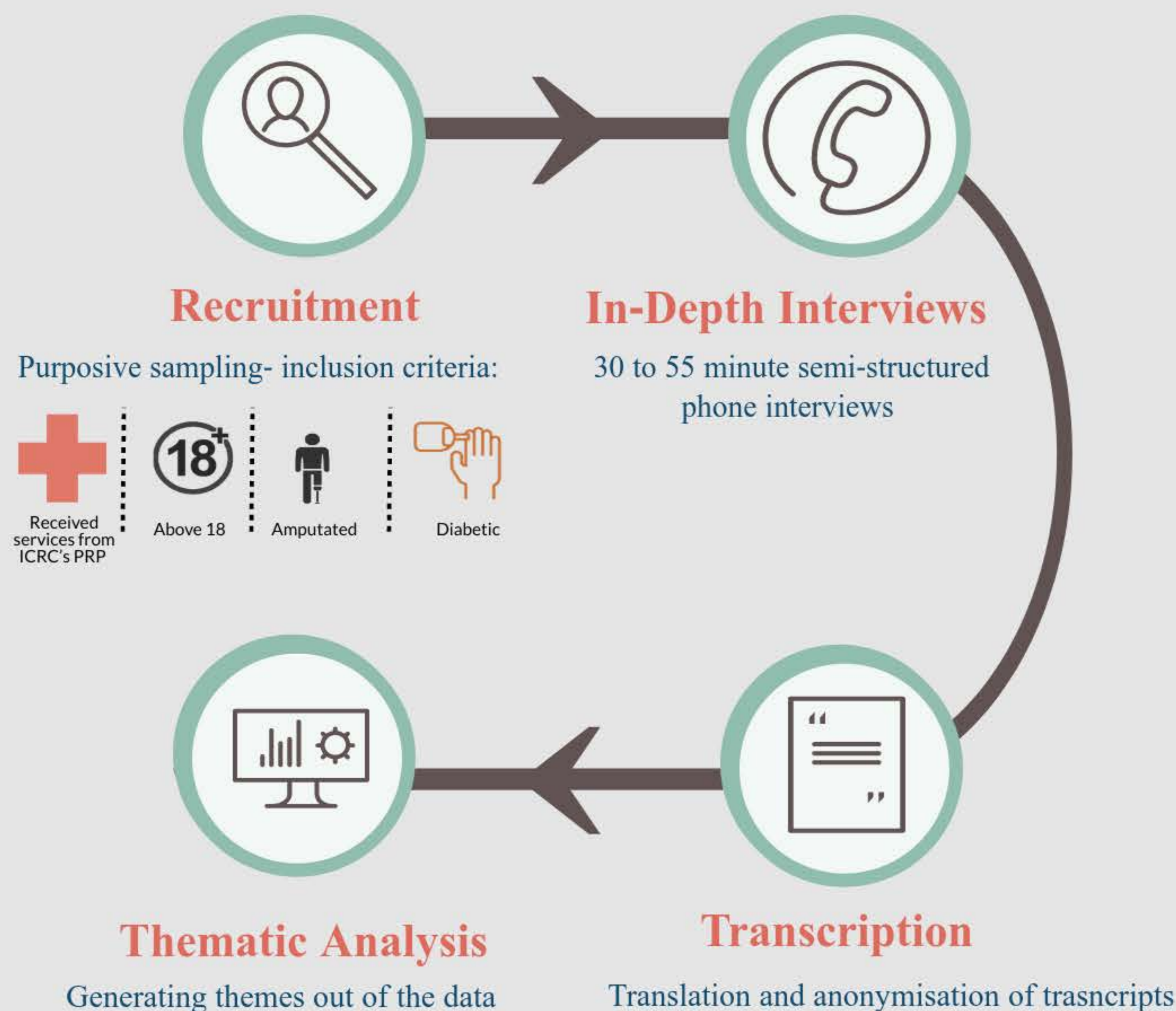
## Background

- 10-15% of the Lebanese population live with a kind of disability
- Diabetes affects 13% of the local adult population
- In Lebanon, 59% of amputation surgeries are due to diabetic foot ulceration
- The International Committee of the Red Cross (ICRC) has developed a Physical Rehabilitation Program that offers mobility devices (prostheses) and physiotherapy services
- People with disabilities face many barriers to access to healthcare services including financial ability, lack of information, and structural barrier
- The COVID-19 pandemic and the economic crisis have made it more difficult for people living with disabilities and diabetes to access health services

## Aim

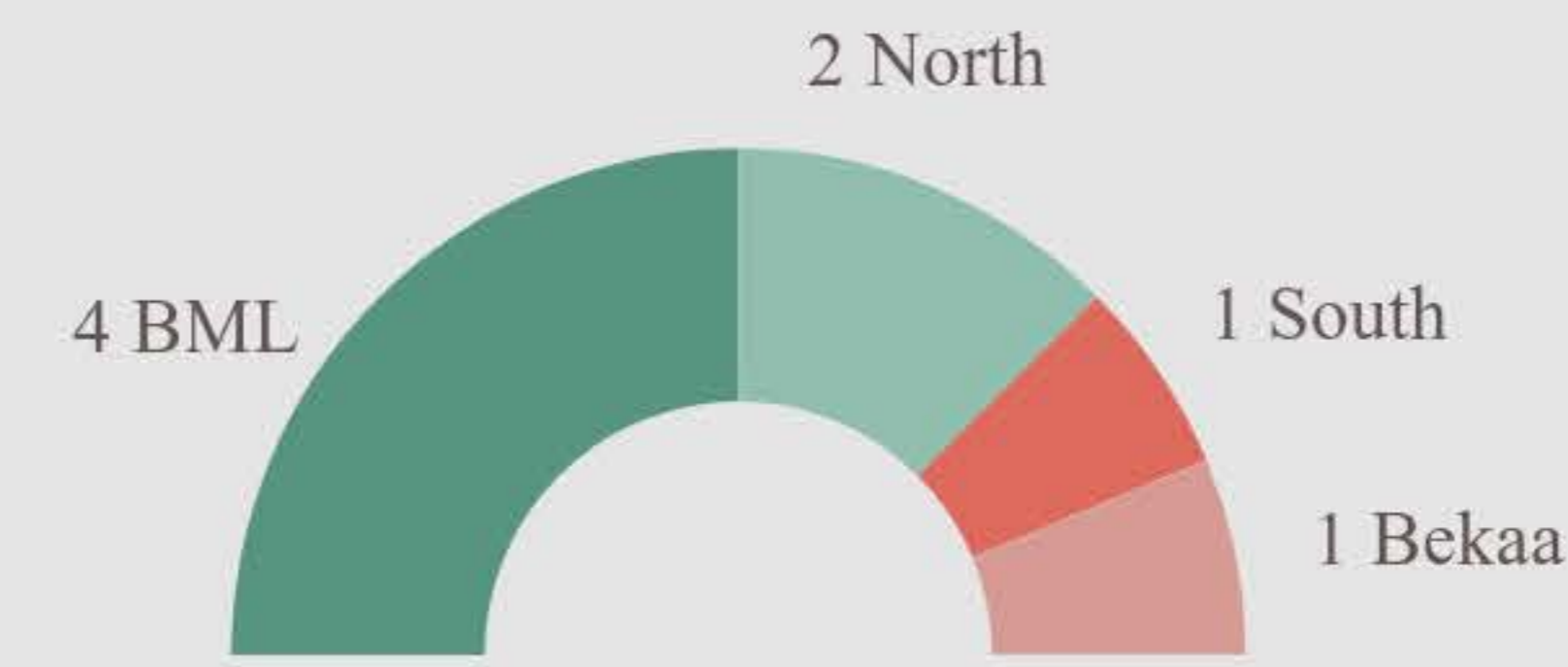
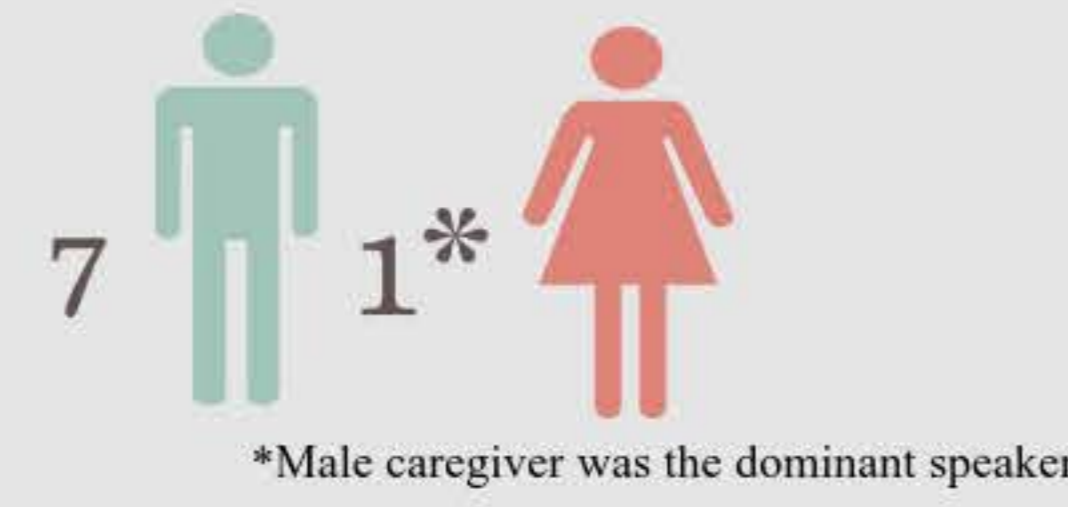
The study aims to examine the different barriers and challenges of accessing various healthcare among people living with diabetes and physical disability during the pandemic

## Methodology



## Results & Discussion

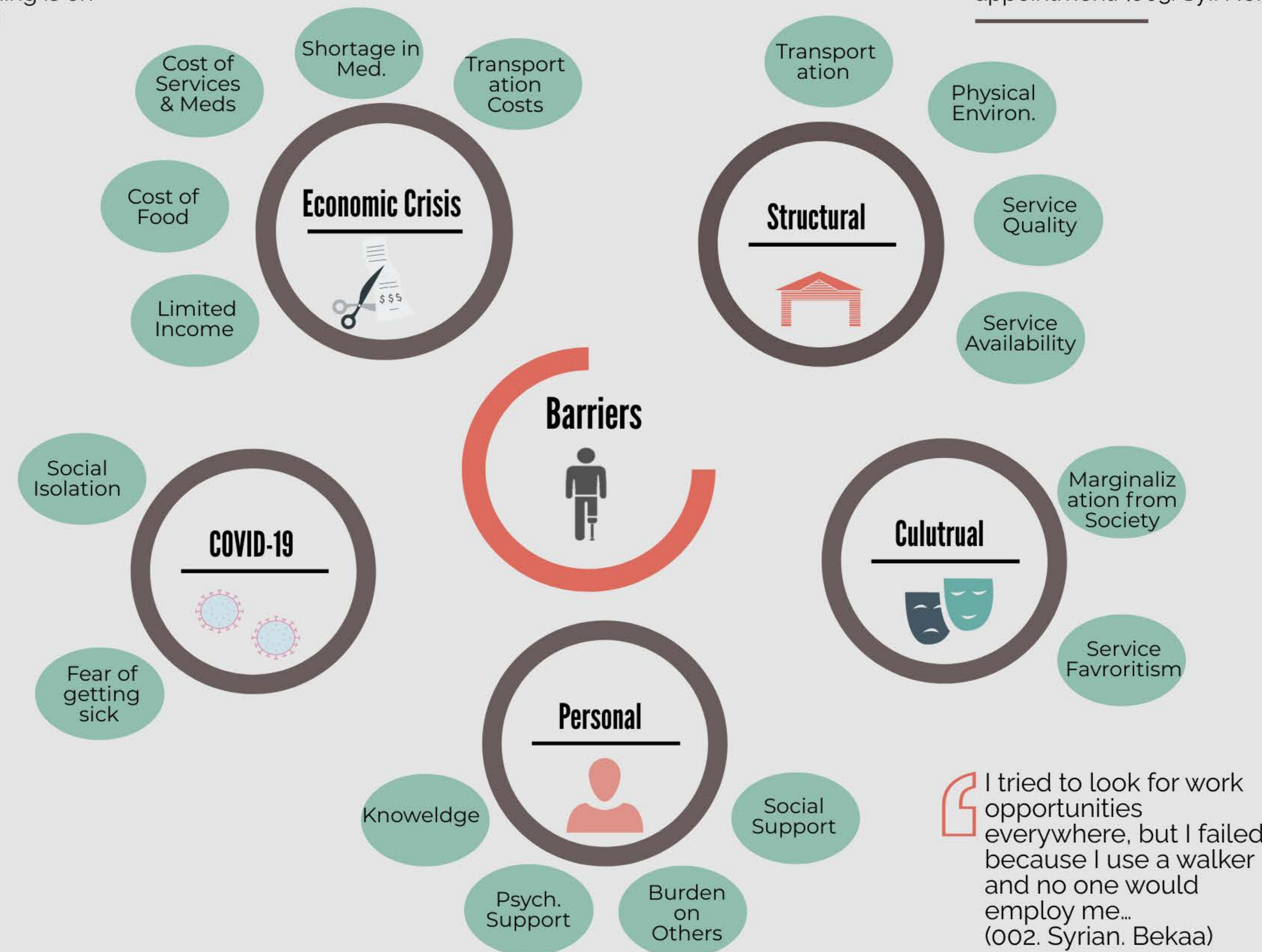
### Participant Characteristics:



I used to be a taxi driver, but now I am not and with the current situation I can't get my medications, I am not even able to pay rent, the landlord will kick me out soon...everything is on top of everything (001. Leb. North)

I go out on the streets and I pray for God to send me a car...Sometimes my neighbor promises me a ride, but he doesn't come, so I have to wait the next day to take another appointment. (003. Syr. North)

I am so scared, I am scared not only of getting corona but of falling and needing hospitalization and then getting corona from the hospital (004. Leb. BML)



No matter how close you are with your mother or siblings at some point they will get tired of you...I sometimes want to go out, but I am not going to oblige my brother to take me and drop me off each time" (005. Leb. BML)

I tried to look for work opportunities everywhere, but I failed because I use a walker and no one would employ me... (002. Syrian. Bekaa)

## Strengths & Limitations

- The study is the first to investigate the perspective of people living with both a physical disability and diabetes in accessing healthcare services
- The study is IRB-approved and ethically conducted
- Did not include people of Palestinian origin
- Lacked equal gender representation
- Answers might have been influenced by the presence of caregivers around
- Participants are ICRC beneficiaries which could create a sort of bias when being invited to participate by the same organization

## Public Health Ethics

- Persons with disabilities (PwDs) are not fully integrated into all public health facets
- PwD's health is dependent on external and contextual factors
- Disability intersects with other social categories creating health disparities
- Interventions should take into consideration gender differentiation
- The legal frameworks regarding the right of PwDs are limited and are not being enforced
- The COVID-19 response measures are not disability inclusive
- Disabilities associated with chronic diseases are preventable yet health inequity limits patients from receiving preventive care

## Recommendations

- ☎ Increase the visibility of rehabilitation services through a directory and hotline number
- 🦿 Provide advanced quality prosthetic for amputees with diabetes specifically
- 🏠 Contextualize patients' treatment plans to accommodate their structural environment
- 🚚 Provide mobile clinics and residential services
- 👣 Design interventions of Foot Care Practices to prevent diabetic foot ulcers
- 👥 Design and implement interventions that aim to reintegrate PwDs back into society
- ⚖ Advocate for the proper implementation of Law 220/2000